

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

**EPA**

Notification of Regulated Waste Activity

Protection Agency

Date Received
(For Official Use Only)

MAR 04 1993

US EPA RECORDS CENTER REGION 5



1010278

I. Installation's EPA ID Number (If)



A. First Notification

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

1WD985085646

II. Name of Installation (Include company and specific site name)

FRANKLIN POWER PRODUCTS

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

400 FORSYTHE STREET

Street (continued)

City or Town

FRANKLIN

State

ZIP Code

IN 46131-

County Code

County Name

JOHNSON

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P O BOX 667

City or Town

FRANKLIN

State

ZIP Code

IN 46131-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

BUCKERT

(first)

ROBERT

Job Title

PLANT MANAGER

Phone Number (area code and number)

317-738-2117

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

P O BOX 667

City or Town

FRANKLIN

State

ZIP Code

IN 46131-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

JARVIS MICHAEL

Street, P.O. Box, or Route Number

300 CREEKSIDE

City or Town

FRANKLIN

State

ZIP Code

IN 46131-

Phone Number (area code and number)

317-736-5591

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)

Month

Day

Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities	
1. Generator (See Instructions)	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.	1. Off-Specification Used Oil Fuel	
<input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)	<input type="checkbox"/> 4. Hazardous Waste Fuel	<input type="checkbox"/> a. Generator Marketing to Burner	
<input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)	<input type="checkbox"/> a. Generator Marketing to Burner	<input type="checkbox"/> b. Other Markerer	
<input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	<input type="checkbox"/> b. Other Marketers	<input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device	
2. Transporter (Indicate Mode in boxes 1-5 below)	<input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device	<input type="checkbox"/> 1. Utility Boiler	
<input type="checkbox"/> a. For own waste only	<input type="checkbox"/> 1. Utility Boiler	<input type="checkbox"/> 2. Industrial Boiler	
<input type="checkbox"/> b. For commercial purposes	<input type="checkbox"/> 2. Industrial Boiler	<input type="checkbox"/> 3. Industrial Furnace	
Mode of Transportation	<input type="checkbox"/> 3. Industrial Furnace	2. Specification Used Oil Fuel Market (or On-site Burner) Who First Claim the Oil Meets the Specification	
<input type="checkbox"/> 1. Air	<input type="checkbox"/> 5. Underground Injection Control		
<input type="checkbox"/> 2. Rail			
<input checked="" type="checkbox"/> 3. Highway			
<input type="checkbox"/> 4. Water			
<input type="checkbox"/> 5. Other - specify			

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)	(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

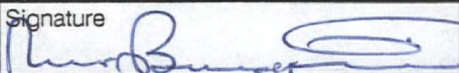
1	2	3	4	5	6
F003	F005				
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature 	Name and Official Title (type or print) ROBERT D. BUECKERT - PLANT MGR.	Date Signed 2/24/93
--------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------	------------------------

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)